

# TRAVEL CONSUMER RESTITUTION FUND APPLICATION

**For new applicants only.**

**IMPORTANT:** If you sell to California consumers and either (1) your principal place of business is in California, or (2) your stock is listed on a national securities exchange or market quotation system, you are required to file this form and pay an assessment as calculated in Section 4. You will not be allowed to register as a Seller of Travel unless you participate in the Travel Consumer Restitution Fund. ***Please type or print clearly.***

**1.** This application is made on behalf of: (Enter the **legal name** of the registering Seller of Travel. Use the business name of the corporation, partnership, or sole proprietor. Your answer should be the same as that for Question 3 of the Seller of Travel registration form.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**2.** List all **other** names under which you do business or intend to do business as a Seller of Travel in California. (Your answer should be the same as that for Question 5 of the Seller of Travel registration form.)

**3.** List your principal place of business and all other locations in California from which you will be conducting business. (Your answer should be the same as for Question 4 on the Seller of Travel registration form.)

**(a.)** Street address of your principal place of business

**(b.)** Mailing address for your principal place of business, if different from (a.).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
ARC/IATAN Number(s)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Social Security or Federal Tax Id Number

**(c.)** List all other locations from which you will be conducting business in California. (Provide the street address for each location. Attach additional sheets, if necessary.)

<sup>2</sup>nd

Location Name

<sup>3</sup>rd

Location Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

**(d.)** Total number of locations. (Combine locations listed in **(3a.)** and **(3c.)** and enter here.) \_\_\_\_\_

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*Please use only First Class Mail. Other methods of delivery will slow receipt of this form.*

**4. Assessment:** The amount of your initial assessment is determined by your "business start date," which is the **first time** your business advertised, offered or sold air or sea travel. **Please check the one category of business start date that applies to your business below: (Note: Assessment rates are valid through December 31, 2003.)**

- (A.) Before January 1, 1997: the assessment is **\$548.00 per business location:** \_\_\_\_\_
- (B.) Between January 1, 1997 and December 31, 1997: the assessment is **\$533.00 per business location:** \_\_\_\_\_
- (C.) Between January 1, 1998 and December 31, 1998: the assessment is **\$488.00 per business location:** \_\_\_\_\_
- (D.) Between January 1, 1999 and December 31, 1999: the assessment is **\$393.00 per business location:** \_\_\_\_\_
- (E.) Between January 1, 2000 and December 31, 2000: the assessment is **\$290.00 per business location:** \_\_\_\_\_
- (F.) Between January 1, 2001 and December 31, 2001: the assessment is **\$275.00 per business location:** \_\_\_\_\_
- (G.) Between January 1, 2002 and December 31, 2002: the assessment is **\$275.00 per business location:** \_\_\_\_\_

NOTE: If any of the above categories apply, **you will owe a late fee** (see Section 5 below).

(H.) After December 31, 2002: the assessment due is **\$275.00 per business location:** \_\_\_\_\_

NOTE: If this category applies, you **may** owe a late fee (see Section 5 below).

**5. Late fees:** The Seller of Travel Law requires that a late fee be assessed at the rate of \$5.00 per day for each day after the deadline, up to a maximum fee of \$500. The filing deadline is **ten days before** your business start date; a late fee of \$5 per day, up to a maximum of \$500, must be paid for every day past that deadline, up to the date this application is postmarked.

**6. Calculation of fund assessment due:**

- (A.) Number of locations (from Section (3d.)) times the applicable fee from Section 4, above: \_\_\_\_\_
- (B.) .....Late fee (if any, see Section 5, above): \_\_\_\_\_
- (C.) .....Total Amount Due: \_\_\_\_\_

**7. Attached is check number \_\_\_\_\_ or Money Order in the amount of \$ \_\_\_\_\_ for the total amount due.**  
*Make check payable to: TRAVEL CONSUMER RESTITUTION CORPORATION or TCRC.*

**8. Mail your check and this application to:**

TCRC  
P.O. Box 6001  
Larkspur, CA 94977-6001

**Note: Your cancelled check is your receipt and will be labeled with your participation status in the Travel Consumer Restitution Fund. Participation status will be reported directly to the Seller of Travel Program.**

**Important:** Please mail only your Travel Consumer Restitution Fund application (this form and your payment) to the TCRC at the above address. **Do not send your Seller of Travel Registration application to TCRC.** Mail your Seller of Travel registration application directly to the Attorney General.

**9. SIGNATURE:** This application should be signed by the **owner** (for a sole proprietorship,) or by a **managing or general partner** (for a partnership,) or by an **officer** (for a corporation.) Please enter the first date this business advertised or sold air or sea travel, then sign, date, and fill in the city, county, and state where this application has been signed.

*17550.36 of the California Seller of Travel Law. We certify that we meet the requirements for participation in the Restitution Fund per Business & Professions Code Section*

**I certify under penalty of perjury under the laws of the State of California that [ fill out one of the following]:**

- (1) **This business has not yet advertised or sold air or sea transportation; the estimated business start date is** \_\_\_\_\_  
DATE
- (2) **The first date on which this business advertised or sold air or sea transportation was** \_\_\_\_\_  
DATE

DATE SIGNED

SIGNATURE

TITLE

PLACE SIGNED: CITY, COUNTY, STATE

TYPE OR PRINT NAME CLEARLY